

## First Responder/Family Member Withdrawal of Consent and Confirmation Form

Please type or print clearly.

Last Name	First Name
Middle Name	Date of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Telephone
Address	Apartment #

City	State	Zip Code	County
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**Optional information regarding the client:** This information is used for ImmTrac record search purposes only and will not be retained.

Birth City	Birth State	Previous Address
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Nickname (Aliases and/or Other Last Name(s) used) \_\_\_\_\_

Please mark the box ☒ to indicate your intent:

☐ I withdraw consent for my participation and inclusion in ImmTrac. Please delete all of my information from ImmTrac and any related files.

Date	Signature
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### Send this completed form to:

**Mail:** Texas Department of State Health Services • ImmTrac Group, MC1946 • PO Box 149347 • Austin, TX 78714-9347  
**Fax:** (512) 458-7790

**Privacy Notification:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Questions? (800) 252-9152 • (512) 458-7284 • [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com)

### Information Below for ImmTrac Staff Use Only

**Confirmation of Delete:** Upon processing of your Request for Withdrawal from ImmTrac, registry staff will mark the appropriate box below and return this form to you.

☐ **Record DELETED:** All information for the client named above has been deleted from ImmTrac and any related files.

☐ **NO RECORD found:** No matching records were found in ImmTrac for the client named above.

**ImmTrac will not retain documentation of your request for withdrawal of consent.**

Date request processed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

